

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1946 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from June 20, 1946, to 6-23, 1946  
that I last saw him alive on June 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rt. breast  
Duration 6 mo.

Due to 50

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death) 4 yrs

Major findings: Chronic nephritis  
Of operations: none  
PHYSICIAN \_\_\_\_\_

Of autopsy: none  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 339  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm J. Shaw (M. D. or other) I.M.D.  
Address Fayette, Mo. Date signed 6-25-40

3. (a) PRINT FULL NAME Sallie Broades, 622

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anderson Broades 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased # Unknown  
(Month) (Day) (Year)

8. AGE: Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Charles Morrison

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Inyard

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 6-25th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette, Mo.

19. (a) July 8, 1940 (b) Wm. S. A. Busham  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8  
District File Number 7-15-10  
Date Filed

**STATEMENT BY LICENSED EMBALMER :**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm T. Haines

Licensed Embalmer No. 2966

P. O. Address Jayette St

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**